

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/04/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 72050-WP and 72110-WP for date of service 11/13/02.

II. FINDINGS

The respondent denied the service based on "E- Disallowed; this claim is non-compensable". The respondent accepted the injury as compensable at the Benefit Review Conference dated 09/22/03. The services will be reviewed per the 1996 Medical Fee Guideline.

III. RATIONALE

The radiology report and office visit note support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$181.00 (\$100.00 + 81.00) is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$181.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$181.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc